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Attorney

41.733
Reg. No.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

Application No. : 10/039,313
Docket No. : 006593-1953
Applicant : Shariff et al.
Filed : October 27, 2001
Title : FEED GRIP FOR A FOOD SLICER
Art Unit : 3724
Examiner : Ashley

Commissioner of Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In response to the Office action mailed on February 28, 2005, please amend this application as follows:

Adjustment date: 09/29/2005 SDIRETA1
05/27/2005 HMARZ11 00000003 10039313
01 FC:1252 -450.00 DP

05/27/2005 HMARZ11 00000003 10039313
01 FC:1252 450.00 DP

09/29/2005 SDIRETA1 00000006 10039313
01 FC:1201 200.00 DP
02 FC:1202 250.00 DP

MAY 2 8 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/09/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4878).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 450.00

Complete if Known

Application Number	10/039,313
Filing Date	10/27/2001
First Named Inventor	Shariff et al.
Examiner Name	Ashley
Art Unit	3724
Attorney Docket No.	006593-1953

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 20-0809 Deposit Account Name: Thompson Hine LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
26	26 or HP = 5	50	250.00			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$) <td>Fee Paid (\$) <td></td> <td></td> <td></td> </td>	Fee Paid (\$) <td></td> <td></td> <td></td>			
4	3 or HP = 1	200	200.00			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 00000004 200809 10039313

SUBMITTED BY:

Signature	Registration No. 41,733	Telephone 937.443.6838
Name (Print/Type) Steven J. Eleman	(Attorney/Agent)	Date 5/29/05

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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Adjustment Date: 09/29/2005
06/17/2005 SRRICE 00000004
01 FC:1202 250.00 CR
02 FC:1201 200.00 CR
EDIRET81 10039313
200809

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8/4/05
Date of Deposit
[Signature]
Attorney

41,733
Reg. No.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

Application of:

Applicant : Shariff et al.
Serial No. : 10/039,313
Filed : December 27, 2001
Title : FEED GRIP FOR A FOOD SLICER
Docket No. : 006593-1953
Examiner : Ashley
Art Unit : 3724

Mail Stop 16
Receipts Division - Office of Finance
Refunds Section
Director of the U.S. Patent and Trademark Office
P.O. Box 1450
Alexandria, Virginia 22313-1450

**REQUEST FOR REFUND
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)**

I. REFUND REQUEST

This is a request for a refund, with respect to the charge to Deposit Account 20-0809, shown on the statement for the month of June 2005, for the above-identified application. A copy of the monthly statement, in which the error referred to occurs, accompanies this request.

II. FEES CHARGED FOR WHICH REFUND REQUESTED

5/24/05	Additional Claims Over 20	\$250.00
5/24/05	Additional Independent Claims Over 3	<u>\$200.00</u>
TOTAL REFUND REQUESTED		\$450.00

Serial No.: 10/039,313
Docket No.: 006593-1953
Request for Refund
(Improper Charge of Deposit Account)


III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

An Amendment filed in response to an Office action dated February 28, 2005 was timely filed May 24, 2005. A check in the amount of \$450.00 was enclosed with the response to cover the fees for additional claims and cleared our bank account on June 1, 2005. A copy of that check is enclosed. However, the deposit account was also, and apparently erroneously, charged \$450 to cover the fees incurred in the Amendment.

IV. MANNER OF REFUND

Please make refund by crediting Deposit Account 20-0809.

Respectfully submitted:

By: 
Steven J. Elleman
Reg. No. 41,733

THOMPSON HINE LLP
2000 Courthouse Plaza N.E.
P. O. Box 8801
Dayton, Ohio 45401-8801
Telephone: (937) 443-6838
Facsimile: (937) 443-6637

396471



**United States
Patent and
Trademark Office**

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Deposit Account Statement

Requested Statement Month: June 2005
 Deposit Account Number: 200809
 Name: THOMPSON HINE LLP
 Attention: MARK P. LEVY ESQ.
 Address: P O BOX 8801
 City: DAYTON
 State: OH
 Zip: 45401
 Country: UNITED STATES OF AMERICA

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
06/01	3	10524597				
06/06	1	10752374		9204	-\$50.00	\$4,516.00
06/06	1	10613662	602723-010	1201	\$400.00	\$4,116.00
06/09	99	60660643	483345538	1202	\$50.00	\$4,066.00
06/13	158	29202271		8021	\$40.00	\$4,026.00
06/13	159	29202270		8021	\$40.00	\$3,986.00
06/13	162	29202272		8021	\$40.00	\$3,946.00
06/14	567	PCT/US50/07843	066621-004	8021	\$40.00	\$3,906.00
06/14	672	2668447	006593-2037/AMI	8021	\$40.00	\$3,866.00
06/14	673	1915446		8521	\$40.00	\$3,826.00
06/14	674	2117264		8522	\$25.00	\$3,801.00
06/14	675	1448877		8522	\$25.00	\$3,776.00
06/15	13	E-REPLENISHMENT		8522	\$25.00	\$3,751.00
06/15	98	10903227		9203	-\$2,651.00	\$6,402.00
06/15	154	10991629	006593-1982	8007	\$60.00	\$6,342.00
06/16	44	60628921	028199-028-C2	8007	\$20.00	\$6,322.00
06/17	4	10039313	006593-2032-P	8021	\$40.00	\$6,282.00
06/17	5	10039313	006593-1953	1202	\$250.00	\$6,032.00
06/17	175	10303440	006593-1953	1201	\$200.00	\$5,832.00
06/17	176	60361962		8021	\$40.00	\$5,792.00
06/17	177	10303430		8021	\$40.00	\$5,752.00
06/17	178	60362105		8021	\$40.00	\$5,712.00
06/17	179	10378288		8021	\$40.00	\$5,672.00
06/17	180	60361966		8021	\$40.00	\$5,632.00
06/17	181	10377127		8021	\$40.00	\$5,592.00
06/17	182	60507239		8021	\$40.00	\$5,552.00
06/17	183	10952643		8021	\$40.00	\$5,512.00
06/17	184	60424885		8021	\$40.00	\$5,472.00
06/17	185	10705334		8021	\$40.00	\$5,432.00
06/17	186	60554333		8021	\$40.00	\$5,392.00
				8021	\$40.00	\$5,352.00

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Papers: Response to OA (Amend., 10p),
Transmittal Form, Fee Transmittal
Form, Return Card, Check \$450.00
Inventors: Shariff et al.
Serial No.: 10/039,313
Title: FEED GRIP FOR A FOOD SLICER
Attorney Docket No.: 006593-1953

Hobart Corporation
MPL:SJE:vrs

**THOMPSON
HINE**

THOMPSON HINE LLP
PATENT ACCOUNT
2000 Courthouse Plaza N E
10 West Second Street
Dayton, Ohio 45402-4758

13-1/420/818

10162

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DATE 5/24/05

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U.S. BANK

OR 006593-1953

⑈010162⑈ ⑈042000013⑈

Theodore G. Shariff
009025960⑈ AUTHORIZED SIGNATURE

THIS DOCUMENT INCLUDES A SECURITY SCREEN ON BACK OF THE CHECK

AUG. 3. 2005 3:47PM

US BANK

NO. 8381 PagP. 2/21

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HINE

THOMPSON HINE LP
PO BOX 1000
1000 Thompson Lane
PO Box 1000
P.O. Box 1000
P.O. Box 1000

10182

DATE 8/24/05

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US Bank and Thompson Office

From: US Bank 11/11/05 09/100

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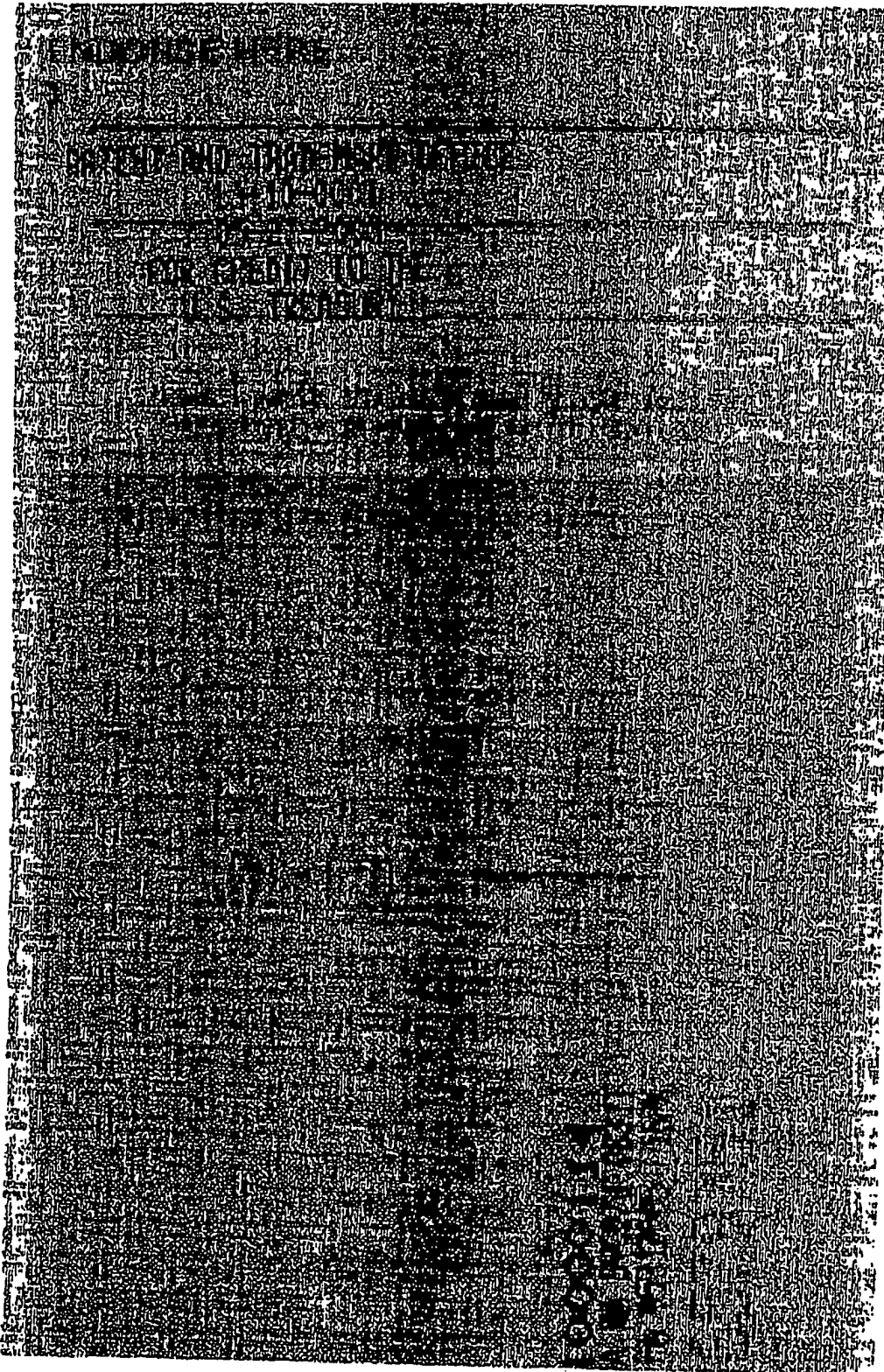
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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

Application Number	10/039,313
Filing Date	December 27, 2001
First Named Inventor	Shariff et al.
Art Unit	3724
Examiner Name	Ashley
Attorney Docket Number	006593-1953

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

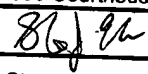
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input checked="" type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify
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5/24/05; copy of cancelled check. |
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Remarks

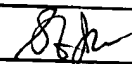
The Commissioner is hereby authorized to charge any additional fees required (including the fee for any extension of time), or to credit any overpayment, to Deposit Acct. No.: 20-0809

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thompson Hine LLP 2000 Courthouse Plaza N.E., 10 West Second Street, Dayton, Ohio 45402-1758		
Signature			
Printed name	Steven J. Elleman		
Date	8/4/05	Reg. No.	41,733

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Signature			
Typed or printed name	Steven J. Elleman	Date	8/4/05

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